Michigan Maternal Mortality Surveillance Program

Michigan's Maternal Mortality Surveillance Project is a state-level structured process by which a multidisciplinary Maternal Mortality Review Committee (MMRC) convenes to identify and review cases of maternal death that occur during pregnancy, at delivery, or within one year of the end of pregnancy. Causes of death are determined during the review process and policy recommendations are made to prevent future deaths.

Recommendations for implementing interventions and prevention strategies that address equity are particularly relevant for eliminating Michigan's pronounced racial disparities in maternal death rates. The recommendations outlined by the committee are increasingly geared to include improved understanding of the impacts of social, economic, cultural, and environmental factors on health status.

MMMS/MMRC Priority Recommendations

The table below displays the MMMS/MMRC priority recommendations (abbreviated) which meet the following criteria:

- Highest prioritization score
- Primary and/or secondary prevention
- Large and medium impact level
- Recommendations that have been made for more than one case

To view the full list of MMRC recommendations, please see page 3.

Michigan Maternal Mortality Surveillance (MMMS) Priority Recommendations

The committee and MI-AIM staff and will work toward full implementation of the AIM safety bundles: Obstetric Hemorrhage and Severe Hypertension in Pregnancy while working to adopt & implement the Safety Bundles:

- 1. Obstetric Care for Women with Opioid Use Disorder (+AIM)
- 2. Safe Reduction of Primary Cesarean Birth (+AIM)
- 3. Mental Health: Depression and Anxiety (+AIM)
- 4. Maternal Venous Thromboembolism (+AIM)
- 5. Sepsis bundle (CMQCC)
- 6. Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum (CMQCC)

Continue to expand and implement telemedicine interventions to ensure timely access.

Encourage providers and hospital discharge planners to use doulas, community health workers, family support professionals and home visiting programs to improve access to care and provide peer support to pregnant and parenting women.

Increase access to home visiting/family support services for all pregnant and postpartum women in Michigan.

Enact improved polices regarding; the completion of depression screening once a trimester and at postpartum visits and early follow up and referral for women who screen positive.

Facilitate a partnership between MI AIM and other medical organizations to increase access to provider education (on topics such as how to provide care coordination, what resources exist, etc.)

Partner with Family Planning and Chronic Disease to provide contraceptive counseling and reproductive life planning education to providers working with individuals of reproductive age.

Implement a comprehensive state-wide education initiative to address pregnancy and its intersection with mental health, sexual abuse, IPV, trauma, substance use, and chronic health conditions as well as its increased occurrence in populations of women who are most vulnerable and marginalized.

Promote the National Suicide Prevention Lifeline and support expanding the capacity of the program in Michigan.

Women need wrap-around services to help align systems of care and transform every interaction into an opportunity for change.

For more information about the Michigan Maternal Mortality Surveillance Program, please visit the Michigan Maternal Mortality Surveillance Program website: www.Michigan.gov/MMMS
Contact Melissa Limon-Flegler, MMMS Program Coordinator (517) 284-4230 or limonfleglerm1@michigan.gov.

Theme for Action	Recommendation	Prosperity	Committee	Level of Prevention	Level of Impac
		Region(s)			•
	CRIMINAL JUSTICE		,		
Develop and Implement	Advocate for interventions and treatment to address mental health, substance use and intimate partner violence	4	Injury	Secondary	Medium
prevention initiatives,	in criminal justice facilities.				
screening, and					
treatment programs					
Improve policies	Advocate for policy change in criminal Justice facilities, housing incarcerated pregnant or postpartum women, to	6	Injury		
regarding prevention	ensure equivalent care is received. Pregnant and postpartum women must have access to the same quality and				
initiatives, screening,	range of care services as the general public, including wraparound support services.				
and treatment programs		_			
Improve policies	Partner with Office of Recovery Oriented Systems of Care and Michigan Correctional Facilities to ensure that	4, 6	Injury	Secondary	Medium
regarding prevention	before a criminal Justice facility releases a woman with substance use or complex medical history; screening,				
initiatives, screening,	evaluation and management must be delivered.				
and treatment programs Improve policies	Partner with Office of Recovery Oriented Systems of Care and Michigan Correctional Facilities to ensure that	4, 6	Injury	Secondary	Medium
regarding prevention	upon intake to a criminal Justice facility, women with substance use or complex medical history, must receive	4, 6	Injury	Secondary	iviedium
initiatives, screening,	screening, evaluation and management.				
and treatment programs	screening, evaluation and management.				
and treatment programs	FAMILY PLANNING				
mprove access to care	Partner with MDHHS Family Planning Program and other related entities to promote increased contraceptive	10	Injury & Medical	Primary	Medium
	access, and create and implement an education campaign focused on contraceptive access, including LARC.		,,	, , , , ,	
Improve access to care	Require reproductive life-planning and access to contraceptives, including LARC, according to ACOG's best		Injury	Primary	Medium
•	practices. (Pre pregnancy, sexual health & contraceptive counseling; offered before hospital discharge, and at			,	
	follow up visits)				
Improve management of	Partner with Family Planning and Chronic Disease to provide contraceptive counseling and reproductive life	1, 6, 8, 10	Medical; Combined	Secondary	Medium
pre-existing conditions	planning education to providers working with individuals of reproductive age.		MMRC		
	HEALTH EQUITY				
Address Social	Michigan Maternal Mortality Review Committees (MMRCs) will continue to integrate a health equity framework	All	Medical & Injury		
Determinants	to address systemic inequities and the social determinants of health that result in disparate outcomes for all		Health Equity Work		
	Michigan Mothers.		Group		
Address Social	The MMMS program will continue to seek out and/or expand access to internal and external data sources so	All	Medical & Injury		
Determinants	Maternal Mortality Review Committees (MMRCs) can better understand the modifiable social and		Health Equity Work		
A .l.l	environmental determinants of health and health inequities.	All	Group		
Address Social	The MMRCs will evaluate all maternal death cases to determine if social, economic, environmental, and/or	All	Medical & Injury		
Determinants	structural disparities affected health outcomes.		Health Equity Work		
Address Social	Support providers by offering CME for self-care and de-escalation training.	6	Group Combined MMRC	Primary	Extra Large
Determinants	שמאסרי איסיומברים של סרוברוווק בועוב זכו שבוריבמרב מווע מביבטבמומנוטוו נומווווווק.		COMBINED WINK	Timary	LAGGLAISE
occiminants					

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impact
Improve trainings & education	MMRCs, in conjunction with MDHHS will increase access to education for providers and systems on delivering culturally competent care and reducing stigma, bias and barriers when implementing services and recommend that all providers are exposed to implicit bias training that leads to use of best practices for dignity and respectful care.	10; All	Medical & Injury Health Equity Work Group		
Improve trainings & education	The Michigan Maternal Mortality Surveillance Program will make an annual health equity & implicit bias training mandatory for all (MMRC) members.	All	Medical & Injury Health Equity Work Group		
Improve trainings & education	MDHHS will provide practical tools at the community level to reduce health inequities.	All	Medical & Injury Health Equity Work Group		
Address Social Determinants	The MMRC will endorse the Michigan Council for Maternal Child Health sign-on to support continuation of the current year funding for the extension of Medicaid coverage in the postpartum period.	4	Combined MMRC	Primary	Extra Large
Improve trainings & education	The MMRC will support the governor's implicit bias training required for medical professional's licensure maintenance.	4, 6, 10	Combined MMRC	Primary	Giant
Improve access to care	We need to expand contracts and services that are currently in place so incarcerated women can receive equitable, safe, and optimal prenatal care.	10	Combined MMRC	Primary	Medium
Improve trainings & education	Training needed for providers for upstream factors of bias.	4	Combined MMRC	Primary	Giant
Address Social Determinants	Consider using delivery discharge instructions to connect mom and dad with resources to address their unmet needs and explore opportunities to collaborate with the Women Inspired Network (WIN) and the Institute for Population Health's Heathy Start Fatherhood Program.	10	Combined MMRC	Primary	Extra Large
Improve access to care	Work with Medicaid to support alternatives to Medicaid non-emergency medical transportation, including ride share, to address logistical difficulties related to transportation and childcare among pregnant women.	10	Combined MMRC	Secondary	Extra Large
Improve access to care	Expand accessibility and transportation to substance use disorder treatment for pregnant and parenting women.	5	Combined MMRC	Tertiary	Extra Large

	HOUSING	T			
Improve care coordination and communication between providers	Pregnant and parenting women should have access to stable and secure housing to improve women's health. Without, moms are at an increased risk of relapse into addition.	4	Combined MMRC	Tertiary	Large
	MEDICAL CARE				
Adopt levels of maternal care	Promote the adoption of ACOG Maternal Levels of Care & Standardized Clinical protocols.	10	Medical	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Medication Assisted Treatment (MAT) is recommended to improve pregnancy outcomes for women with opioid use disorders.	4	Combined MMRC	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Encourage Medication Assisted Treatment (MAT) providers to utilize screening and assessment tools for alcohol and drug use among patients.	7	Combined MMRC	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Encourage use of a risk reduction approach to address substance use in pregnancy; healthcare providers should help pregnant and parenting women make a parenting plan/safety plan before using substances, arranging for childcare if necessary.	4, 9	Combined MMRC	Tertiary	Small
Improve access to care	Increase access to home visiting/family support services for all pregnant and postpartum women in Michigan.	5, 10	Injury & Medical; Combined MMRC	Secondary	Medium
Improve access to care	Encourage providers and hospital discharge planners to use doulas, community health workers, family support professionals and home visiting programs to improve access to care and provide peer support to pregnant and parenting women.	6, 7, 9, 10	Combined MMRC	Secondary	Medium
Improve access to care	The MMRC will increase awareness and visibility of behavioral health options, including the University of Michigan MC3, to prenatal care providers, birthing hospitals, and emergency departments using the Department's communication strategies and processes.	1, 7,10	Combined MMRC	Secondary	Medium
Improve access to care	Streamline and integrate payment methodologies, prior-authorizations and services to remove barriers to care and increase the efficiency of prior authorization procedures.	3, 4	Injury	Secondary	Large
Improve access to care	Recommend expanding and supporting opportunities to engage in peer support prevention programs.	9	Injury	Secondary	Medium
Improve access to care	Pregnant and parenting moms should be connected to services during sentence and upon release to SUD provider.	4, 10	Combined MMRC	Tertiary	Small
Improve access to care	Increase provider, support/front line staff and public awareness of the health care programs available for pregnant women (Medicaid, Group 2 Pregnant Women, Maternity Outpatient Medical Services (MOMS).	10	Combined MMRC	Primary	Medium
Improve access to care	Expand statewide services for pregnant persons regarding prenatal care.	10	Combined MMRC	Secondary	Extra Large
Improve access to care	Remove barriers to care - allow healthcare providers to facilitate and offer direct referrals to the mental health services providers to do direct referrals to mental health system.	7	Combined MMRC	Tertiary	Medium
Improve access to care	We need to expand contracts and services that are currently in place so incarcerated women can receive equitable, safe, and optimal prenatal care.	10	Combined MMRC	Primary	Medium
Improve access to care	We need to protect critical access hospitals and improve access to healthcare by keeping essential services in rural communities.	8	Combined MMRC	Primary	Extra Large
Improve access to care	Encourage providers to make appointments for patients upon discharge.	7	Combined MMRC	Primary	Medium

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impac
Improve access to care	Women should be given the option by healthcare providers and insurers to remain in the hospital for their approved length of stay following a vaginal or cesarean birth.	8	Combined MMRC	Primary	Large
Improve access to care	Improve access and coverage for diabetes-related services and treatment.	10	Combined MMRC	Secondary	Extra Large
Improve access to care	Increased awareness of coverage for diabetes related services and treatment.	10	Combined MMRC	Secondary	Small
Improve access to care	Adopt federal guidelines for opioid treatment programs. Pregnant and postpartum women seeking treatment from methadone clinics must be given priority both for interim maintenance therapy and in the context of transfers from interim maintenance to comprehensive maintenance therapy. Every attempt should be made to provide a safe and supportive environment for parents and their small children.	8	Combined MMRC	Secondary	Medium
Improve access to care	To increase access to practitioners who are eligible to treat opioid use disorders (OUD), we must remove the Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver.	8	Combined MMRC	Secondary	Extra Large
Improve access to care	Advocate for reimbursement by Medicaid for doula support before, during and after pregnancies.	10	Combined MMRC	Secondary	Extra Large
Improve access to care	Work with Medicaid to support alternatives to Medicaid non-emergency medical transportation, including ride share, to address logistical difficulties related to transportation and childcare among pregnant women.	10	Combined MMRC	Secondary	Extra Large
Improve access to care	Expand statewide access to hospital inpatient psychiatric care for women with a psychiatric crisis and/or allocate more inpatient psychiatric beds.	7	Combined MMRC	Primary	Large
Improve access to care	Expand accessibility and transportation to substance use disorder treatment for pregnant and parenting women.	5	Combined MMRC	Tertiary	Extra Large
Improve care coordination and communication between providers	Connect women with trusted providers at the community level (i.e., family support services, community healthcare workers) to deliver care and education on managing hypertension in pregnancy, including performing community blood pressure screenings.	10	Combined MMRC	Primary	Small
Improve care coordination and communication between providers	Women need wrap-around services to help align systems of care and transform every interaction into an opportunity for change.	3, 4, 5, 6, 7, 8, 9, 10	Injury & Medical; Combined MMRC	Secondary	Medium
mprove care coordination and communication between providers	Pregnant and parenting women need to be connected to support groups if desired by women (i.e., mommy/me, recovery, SUD treatment).	4	Combined MMRC	Tertiary	Small
Improve care coordination and communication between providers	Ensure that patients with disabilities receive coordination of and equal access to quality health care information and services.	10	Medical	Secondary	Medium
mprove care coordination and communication between providers	Partner with Michigan Midwives and the American College of Nurse Midwives, to enhance education and coordination with midwives.	Medical			
mprove management of ore-existing conditions	Preconception care, interventions to prevent and treat chronic disease and awareness of reproductive health are crucial elements which should be targeted before pregnancy for ensuring improved pregnancy, neonatal and child health outcomes.	9	Combined MMRC	Primary	Small
mprove policies regarding prevention nitiatives, screening, and treatment programs	Conduct promotional campaign regarding the Mandatory Reporting Laws in Michigan in an effort to capture all maternal deaths that occur in Michigan.	Medical			

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impac
Improve policies regarding prevention initiatives, screening, and treatment programs	Adopt ACOG's "Fourth Trimester"; all women should have a postpartum follow up at 3 weeks postpartum, and care should be an ongoing process tailored to each woman's individual needs.	10, 5, 6	Injury	Secondary	Extra Large
Improve policies regarding prevention initiatives, screening, and treatment programs	Support the extension of Medicaid coverage for up to 12 months postpartum.	10	Medical	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment programs	Supporting prenatal care providers virtual and/or face-to-face coordination with home visiting/family support services.	5, 9, 10	Injury	Secondary	Small
Improve policies regarding prevention initiatives, screening, and treatment programs	Work with Medicaid to ensure care coordinators ensure follow-up, communicate care, and provide referrals.	10	Injury	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment programs	According to ACOG trauma in pregnancy guidelines, promote emergency department collaborations with OBGYN to ensure minimal management for trauma in pregnancy.	6	Injury	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment programs	Advocate for policy change in criminal Justice facilities, housing incarcerated pregnant or postpartum women, to ensure equivalent care is received. Pregnant and postpartum women must have access to the same quality and range of care services as the general public, including wraparound support services.	6	Injury		
Improve policies regarding prevention initiatives, screening, and treatment programs	Integrate substance use into the current mobile crisis services conducting mental health assessment in emergency rooms and clinical settings.	3, 9	Injury	Tertiary	Large
mprove policies regarding prevention nitiatives, screening, and treatment programs	Increase knowledge of the mandate which requires providers and pharmacist to check the Michigan Automated Prescription System (MAPS) before prescribing controlled substances.	10	Combined MMRC	Primary	Large
mprove policies regarding prevention nitiatives, screening, and treatment programs	Strongly recommend maternal deaths receive an autopsy.	5, 6	Injury & Medical	Tertiary	Large
mprove policies regarding prevention nitiatives, screening, and treatment programs	Work with hospitals to ensure patients with high risk pregnancies and specialized cases are seen by specialized staff & interdisciplinary care teams, in a coordinated manner. • Especially patients who have insurance issues.	1, 3, 4, 10	Injury & Medical; Combined MMRC	Secondary	Medium
Improve policies regarding prevention	Rehabilitation facilities need to accommodate pregnant patients regardless of legal issues. Private facilities should have uniform process/procedures as public facilities.	5	Combined MMRC	Tertiary	Extra Large

initiatives, screening,					
and treatment programs					
Improve policies regarding prevention initiatives, screening, and treatment programs	When a pregnant person presents to the emergency department, an OB ultrasound needs to be completed when other diagnostic tests are ordered/completed.	5	Combined MMRC	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment programs	As an opportunity to identify and link patients to care, timely follow-up is needed after Emergency Department (ED) Visit with women who have a positive ED drug screen.	9	Combined MMRC		
Improve policies regarding prevention initiatives, screening, and treatment programs	Assessment of risk for injury or death should be conducted every time the health care provider has contact with an identified perpetrator or victim of domestic violence – providers should screen patients at high risk of injury, self-harm and/or suicide.	9	Combined MMRC	Primary	Large
Improve policies regarding prevention initiatives, screening, and treatment programs	Health care providers should follow up and refer women who screen positive for alcohol use, mental health, or substance use.	9	Combined MMRC	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment	When screening women for substance use, healthcare professionals should review with the pregnant women the risks and limitations of the test and consider the need for confirmatory testing for any positive results and ensure that she understand the process and meaning of the test results before the specimen collection.		Combined MMRC	Tertiary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	The committee and MI-AIM staff and will work toward full implementation of the AIM safety bundles: Obstetric Hemorrhage and Severe Hypertension in Pregnancy while working to adopt & implement the Safety Bundles: 1. Obstetric Care for Women with Opioid Use Disorder (+AIM) 2. Safe Reduction of Primary Cesarean Birth (+AIM) 3. Mental Health: Depression and Anxiety (+AIM) 4. Maternal Venous Thromboembolism (+AIM) 5. Sepsis bundle (CMQCC) 6. Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum (CMQCC)	1, 3, 4, 5, 6, 7, 10	Injury & Medical; Combined MMRC	Primary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	Create and implement a toolkit to promote appropriate evaluation and care for all women presenting to the emergency department and other medical facilities with severe pain or other possible pregnancy associated health complication.	3, 6	Injury & Medical		
Improve standards assessment, diagnosis, and treatment decisions regarding	Standard of care completing a urine pregnancy test for all women of childbearing age prior to radiology test.	4	Combined MMRC	Tertiary	Medium
Improve standards assessment, diagnosis, and treatment decisions regarding	A standard practice should be to consult with MFM when the patient is on benzos.	6	Combined MMRC	Tertiary	Medium

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impa
Improve standards regarding assessment, diagnosis, and treatment decisions	Expedite intake for women who are pregnant or late to care.	10	Combined MMRC	Secondary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	Healthcare providers should follow a standard of care or best practices when prescribing benzodiazepines.	4	Combined MMRC	Secondary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	Following a standard of care for reintubation.	4	Combined MMRC	Primary	Large
Improve trainings & education	Internally align MDHHS to increase capacity on programs providing education to pregnant women and the providers of pregnant women.	10	Medical		
Improve trainings & education	Increase awareness of the Release the Pressure Campaign to provide women with resources to identify and track their blood pressure.	10	Combined MMRC	Primary	Small
Improve trainings & education	Facilitate a partnership between MI AIM and other medical organizations to increase access to provider education (on topics such as how to provide care coordination, what resources exist, etc.)	5, 10	Injury	Secondary	Large
Improve trainings & education	Increase providers knowledge along with physical examinations for SUD for pregnant and postpartum women especially those who initiated care late.	10	Injury	Secondary	Large
Improve trainings & education	Create a Case Summary Binder for use in Grand Rounds and in other educational initiatives, including pneumonia prevention, continuation of anti-seizure medications during pregnancy, and care for high risk and pregnant women. (Medical Care – Seizure)	10	Medical	Primary	Small
Improve trainings & education	Increase providers knowledge of care for women who are substance using during pregnancy or postpartum period.	10	Injury	Secondary	Large
Improve trainings & education	Optimize care coordination by increasing education to providers around prescription abuse during pregnancy and the postpartum period.	10	Injury	Primary	Medium
Improve trainings & education	Distribute and promote ACOG Patient Education Materials on ectopic pregnancy.	Medical			
mprove trainings & education	The MMRC will support the governor's implicit bias training required for medical professional's licensure maintenance.	4, 6, 10	Combined MMRC	Primary	Giant
mprove trainings & education	Increase provider education and awareness of the continuation of mental health medications for OB patients (i.e., Primary care physicians Emergency departments as well).	7	Combined MMRC	Tertiary	Medium
Improve provider/patient communication	Promote and increase awareness of the need for pregnant and breastfeeding women (pre-conception, inter-conception, post-conception) to get vaccinated for COVID-19, especially women of color.	4	Combined MMRC	Primary	Small
mprove provider/patient communication	Medical provider education to include provider to patient communication that is respectful, unbiased, etc.	10	Combined MMRC	Primary	Extra Large
mprove provider/patient communication	Hospital systems should review policies that impact patients with SUD during hospitalization and providers should use an empathetic and objective approach when talking to patients about their substance use — improvement of medical staff communication may decrease the likelihood of women who leave against medical advice and improve health outcomes of pregnant and/or parenting women.	10	Combined MMRC	Secondary	Medium

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impac
Improve care coordination and communication	Women need to be connected to family support programs/services (home visiting, doulas, community health workers, etc.) to facilitate communication between patient and provider to elevate the patients' voice/concerns.	6, 10	Combined MMRC	Primary	Extra Large
Improve care coordination and communication between providers	When mental health medications are being managed by primary care ensure referrals are made to a psychologist/psychiatric care.	4	Combined MMRC	Tertiary	Medium
Improve care coordination and communication between providers	Promote warm handoff for transferring patient to substance use treatment prior to being discharged from hospital.	8	Combined MMRC	Secondary	Medium
	MENTAL HEALTH				•
Improve access to care	Use well baby visits as an opportunity to evaluate the mother as well.	8	Combined MMRC	Secondary	Medium
Improve access to care	Promote the National Suicide Prevention Lifeline and support expanding the capacity of the program in Michigan.	5, 8, 10	Injury	Secondary	Large
Improve access to care	Ensure all Domestic Violence & IPV Survivors are linked to agencies which provide services such as advocacy, peer support, resources, and crisis intervention.	5, 9	Injury	Tertiary	Large
mprove access to care	The MMRC will increase awareness and visibility of behavioral health options, including the University of Michigan MC3, to prenatal care providers, birthing hospitals, and emergency departments using the Department's communication strategies and processes.	1, 7,10	Combined MMRC	Secondary	Medium
mprove access to care	Streamline and integrate payment methodologies, prior-authorizations and services to remove barriers to care and increase the efficiency of prior authorization procedures.	3, 4	Injury	Secondary	Large
mprove care coordination and communication between providers	Women need wrap-around services to help align systems of care and transform every interaction into an opportunity for change.	3, 4, 5, 6, 7, 8, 9, 10	Injury & Medical; Combined MMRC	Secondary	Medium
mprove policies regarding prevention nitiatives, screening, and treatment programs	Advocate for emergency department reimbursement for regular depression/suicide screenings.	Injury			
mprove policies regarding prevention nitiatives, screening, and treatment programs	Partner with Child Welfare to adopt wellness checks for caregivers, conducted by foster care workers who are present for family team meetings, and referral to community mental health following the removal of a child from the home by CPS.	4, 9	Injury	Secondary	Medium
mprove policies regarding prevention nitiatives, screening, and treatment programs	Have as a standard of practice/tip sheet for screening patients with mental health disorders and/or those with acute distress for gun violence, access to a firearm.	10	Injury		

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impact
Improve policies regarding prevention initiatives, screening, and treatment programs	Work with hospitals to ensure patients with high risk pregnancies and specialized cases are seen by specialized staff & interdisciplinary care teams, in a coordinated manner. Especially patients who have insurance issues.	1, 3, 4, 10	Injury & Medical; Combined MMRC	Secondary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	Enact improved polices regarding; the completion of depression screening once a trimester and at postpartum visits and early follow up and referral for women who screen positive.	4, 5, 9	Injury; Combined MMRC	Secondary	Medium
Improve trainings & education	Implement a comprehensive state-wide education initiative to address pregnancy and its intersection with mental health, sexual abuse, IPV, trauma, substance use, and chronic health conditions as well as its increased occurrence in populations of women who are most vulnerable and marginalized.	4, 5, 8, 10	Injury & Medical	Secondary	Medium
Improve trainings & education	Individuals should practice risk reduction/risk mitigation when a loved one is suicidal (e.g., removing guns from residence, locking guns).	7, 10	Injury; Combined MMRC		
Improve trainings & education	Increase provider education and awareness of the continuation of mental health medications for OB patients (i.e., Primary care physicians Emergency departments as well).	7	Combined MMRC	Tertiary	Medium
Improve care coordination and communication between providers	When mental health medications are being managed by primary care ensure referrals are made to a psychologist/psychiatric care.	4	Combined MMRC	Tertiary	Medium
Improve access to care	Remove barriers to care - allow healthcare providers to facilitate and offer direct referrals to the mental health services providers to do direct referrals to mental health system.	7	Combined MMRC	Tertiary	Medium
	POLICY				
Improve policies regarding prevention initiatives, screening, and treatment programs	A standard of care is recommended for pregnant women who test positive for THC.	1, 4	Combined MMRC	Tertiary	Small
Improve policies regarding prevention initiatives, screening, and treatment programs	Rehabilitation facilities need to accommodate pregnant patients regardless of legal issues. Private facilities should have uniform process/procedures as public facilities.	5	Combined MMRC	Tertiary	Extra Large
	SUBSTANCE USE		·		
Develop and Implement prevention initiatives, screening, and treatment programs	Medication Assisted Treatment (MAT) is recommended to improve pregnancy outcomes for women with opioid use disorders.	4	Combined MMRC	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Encourage Medication Assisted Treatment (MAT) providers to utilize screening and assessment tools for alcohol and drug use among patients.	7	Combined MMRC	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Advocate for interventions and treatment to address mental health, substance use and intimate partner violence in criminal justice facilities.	4	Injury	Secondary	Medium

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impac
Develop and Implement prevention initiatives, screening, and treatment programs	Require social work consults for all pregnant or postpartum patients with substance use disorder, IPV, past trauma and/or mental health disorders. Including referrals to appropriate follow up care and support such as MIHP. • Hospitals should advocate for funding to increase support for social workers who are available 7 days per week.	4, 5, 10	Injury	Secondary	Large
Develop and Implement prevention initiatives, screening, and treatment programs	Use well baby visits as an opportunity to evaluate the mother as well.	8	Combined MMRC	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Encourage use of a risk reduction approach to address substance use in pregnancy; healthcare providers should help pregnant and parenting women make a parenting plan/safety plan before using substances, arranging for childcare if necessary.	4	Combined MMRC	Tertiary	Small
Improve access to care	Increase access to home visiting/family support services for all pregnant and postpartum women in Michigan.	5, 10	Injury & Medical; Combined MMRC	Secondary	Medium
Improve access to care	Continue to expand and implement telemedicine interventions to ensure timely access.	3, 4, 10	Injury & Medical	Secondary	Medium
Improve access to care	Encourage providers and hospital discharge planners to use doulas, community health workers, family support professionals and home visiting programs to improve access to care and provide peer support to pregnant and parenting women.	6, 7, 9, 10	Combined MMRC	Secondary	Medium
mprove access to care	Recommend expanding and supporting opportunities to engage in peer support prevention programs.	9	Injury	Secondary	Medium
Improve access to care	Pregnant and parenting moms should be connected to services during sentence and upon release to SUD provider.	4	Combined MMRC	Tertiary	Small
mprove access to care	Increase shelter capacity for women with SUD, co-occurring disorders & examine strategies for improving access to supportive recovery housing.	5	Injury	Tertiary	Large
mprove access to care	Increase awareness of services available for substance use treatment.	8, 10	Combined MMRC	Secondary	Small
Improve access to care	Adopt federal guidelines for opioid treatment programs. Pregnant and postpartum women seeking treatment from methadone clinics must be given priority both for interim maintenance therapy and in the context of transfers from interim maintenance to comprehensive maintenance therapy. Every attempt should be made to provide a safe and supportive environment for parents and their small children.	8	Combined MMRC	Secondary	Medium
mprove access to care	To increase access to practitioners who are eligible to treat opioid use disorders (OUD), we must remove the Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver.	8	Combined MMRC	Secondary	Extra Large
mprove access to care	Expand accessibility and transportation to substance use disorder treatment for pregnant and parenting women. incre	5	Combined MMRC	Tertiary	Extra Large
mprove care coordination and communication between providers	Women need wrap-around services to help align systems of care and transform every interaction into an opportunity for change.	3, 4, 5, 6, 7, 8, 9, 10	Injury & Medical; Combined MMRC	Secondary	Medium
mprove care coordination and communication between providers	Pregnant and parenting women need to be connected to support groups if desired by women (i.e., mommy/me, recovery, SUD treatment).	4	Combined MMRC	Tertiary	Small

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impac
mprove care coordination and communication between providers	Pregnant and parenting women should have access to stable and secure housing to improve women's health. Without, moms are at an increased risk of relapse into addition.	4	Combined MMRC	Tertiary	Large
mprove care coordination and communication between providers	Promote warm handoff for transferring patient to substance use treatment prior to being discharged from hospital.	8	Combined MMRC	Secondary	Medium
mprove policies regarding prevention nitiatives, screening, and treatment programs	Work with CPS to create systematic change around policies regarding follow up, prevention services for high risk women, and care coordination.	4, 9, 10	Injury	Secondary	Medium
mprove policies regarding prevention nitiatives, screening, and treatment program	Adopt ACOG's "Fourth Trimester"; all women should have a postpartum follow up at 3 weeks postpartum, and care should be an ongoing process tailored to each woman's individual needs.	10, 5, 6	Injury	Secondary	Extra Large
mprove policies egarding prevention nitiatives, screening, and treatment program	Partner with Office of Recovery Oriented Systems of Care and Michigan Correctional Facilities to ensure that before a criminal Justice facility releases a woman with substance use or complex medical history; screening, evaluation and management must be delivered.	4, 6	Injury	Secondary	Medium
mprove policies egarding prevention nitiatives, screening, and treatment program	Partner with Office of Recovery Oriented Systems of Care and Michigan Correctional Facilities to ensure that upon intake to a criminal Justice facility, women with substance use or complex medical history, must receive screening, evaluation and management.	4, 6	Injury	Secondary	Medium
mprove policies regarding prevention nitiatives, screening, and treatment programs	Supporting prenatal care providers virtual and/or face-to-face coordination with home visiting/family support services.	5, 9, 10	Injury	Secondary	Small
mprove policies regarding prevention nitiatives, screening, and treatment programs	Work with Medicaid to ensure care coordinators ensure follow-up, communicate care, and provide referrals.	10	Injury	Secondary	Medium
mprove policies regarding prevention nitiatives, screening, and treatment programs	According to ACOG trauma in pregnancy guidelines, promote emergency department collaborations with OBGYN to ensure minimal management for trauma in pregnancy.	6	Injury	Secondary	Medium
mprove policies egarding prevention nitiatives, screening, and treatment programs	Integrate substance use into the current mobile crisis services conducting mental health assessment in emergency rooms and clinical settings.	3, 9	Injury	Tertiary	Large

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impact
Improve policies regarding prevention initiatives, screening, and treatment programs	Partner with Child Welfare to adopt wellness checks for caregivers, conducted by foster care workers who are present for family team meetings, and referral to community mental health following the removal of a child from the home by CPS.	4, 9	Injury	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment programs	Increase knowledge of the mandate which requires providers and pharmacist to check the Michigan Automated Prescription System (MAPS) before prescribing controlled substances.	10	Combined MMRC	Primary	Large
Improve policies regarding prevention initiatives, screening, and treatment programs	A standard of care is recommended for pregnant women who test positive for THC.	1, 4	Combined MMRC	Tertiary	Small
Improve policies regarding prevention initiatives, screening, and treatment programs	Rehabilitation facilities need to accommodate pregnant patients regardless of legal issues. Private facilities should have uniform process/procedures as public facilities.	5	Combined MMRC	Tertiary	Extra Large
Improve policies regarding prevention initiatives, screening, and treatment programs	As an opportunity to identify and link patients to care, timely follow-up is needed after Emergency Department (ED) Visit with women who have a positive ED drug screen.	9	Combined MMRC		
Improve policies regarding prevention initiatives, screening, and treatment programs	Health care providers should follow up and refer women who screen positive for alcohol use, mental health, or substance use.	9	Combined MMRC	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment	When screening women for substance use, healthcare professionals should review with the pregnant women the risks and limitations of the test and consider the need for confirmatory testing for any positive results and ensure that she understand the process and meaning of the test results before the specimen collection.	10	Combined MMRC	Tertiary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	The committee and MI-AIM staff and will work toward full implementation of the AIM safety bundles: Obstetric Hemorrhage and Severe Hypertension in Pregnancy while working to adopt & implement the Safety Bundles: 1. Obstetric Care for Women with Opioid Use Disorder (+AIM) 2. Safe Reduction of Primary Cesarean Birth (+AIM) 3. Mental Health: Depression and Anxiety (+AIM) 4. Maternal Venous Thromboembolism (+AIM) 5. Sepsis bundle (CMQCC) 6. Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum (CMQCC)	1, 3, 4, 5, 6, 7, 10	Injury & Medical; Combined MMRC	Primary	Medium
Improve standards regarding assessment, diagnosis, and treatment decisions	 Implement substance use screening (including alcohol and tobacco) at first prenatal visit, throughout pregnancy and postpartum visits. Providers need education on the next step for positive drug screens and guidance on early detection/intervention of substance use disorders. When talking to patients about their substance use, providers should use an empathetic and objective approach. 	4,5,10	Injury	Primary	Giant

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impact
Improve standards regarding assessment, diagnosis, and treatment decisions	Healthcare providers should follow a standard of care or best practices when prescribing benzodiazepines.	4	Combined MMRC	Secondary	Medium
Improve trainings & education	Facilitate a partnership between MI AIM and other medical organizations to increase access to provider education (on topics such as how to provide care coordination, what resources exist, etc.)	5, 10	Injury	Secondary	Large
Improve trainings & education	Implement a comprehensive state-wide education initiative to address pregnancy and its intersection with mental health, sexual abuse, IPV, trauma, substance use, and chronic health conditions as well as its increased occurrence in populations of women who are most vulnerable and marginalized.	4, 5, 8, 10	Injury & Medical	Secondary	Medium
Improve trainings & education	Increase provider education on SUD screening along with physical examinations for SUD for pregnant and postpartum women especially those who initiated care late.	10	Injury	Secondary	Large
Improve trainings & education	Increase providers knowledge of care for women who are substance using during pregnancy or postpartum period.	10	Injury	Secondary	Large
Improve trainings & education	Optimize care coordination by increasing education to providers around prescription abuse during pregnancy and the postpartum period.	10	Injury	Primary	Medium
Improve trainings & education	The MMRC will support the governor's implicit bias training required for medical professional's licensure maintenance.	4, 6, 10	Combined MMRC	Primary	Giant
Improve care coordination and communication	Women need to be connected to family support programs/services (home visiting, doulas, community health workers, etc.) to facilitate communication between patient and provider to elevate the patients' voice/concerns.	6, 10	Combined MMRC	Primary	Extra Large
Improve provider/patient communication	Medical provider education to include provider to patient communication that is respectful, unbiased, etc.	10	Combined MMRC	Primary	Extra Large
Improve provider/patient communication	Hospital systems should review policies that impact patients with SUD during hospitalization and providers should use an empathetic and objective approach when talking to patients about their substance use — improvement of medical staff communication may decrease the likelihood of women who leave against medical advice and improve health outcomes of pregnant and/or parenting women.	10	Combined MMRC	Secondary	Medium
	VIOLENCE				
Develop and Implement prevention initiatives, screening, and treatment programs	Advocate for interventions and treatment to address mental health, substance use and intimate partner violence in criminal justice facilities.	4	Injury	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Require social work consults for all pregnant or postpartum patients with substance use disorder, IPV, past trauma and/or mental health disorders. Including referrals to appropriate follow up care and support such as MIHP. • Hospitals should advocate for funding to increase support for social workers who are available 7 days per week.	4, 5, 10	Injury	Secondary	Large
Develop and Implement prevention initiatives, screening, and treatment programs	Partner with DV & IPV prevention organizations (internal and external) to increase capacity on education, for the general public and Healthcare Providers, designed to support and believe survivors, educate on IPV, safety planning, and promoting awareness of services.	5, 9	Injury	Tertiary	Large

Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impact
Develop and Implement prevention initiatives, screening, and treatment programs	Partner with DV & IPV prevention organizations (internal and external) to increase capacity on innovative IPV interventions with the intention of tailoring implementation to best fit communities and disseminating.	4, 9	Injury	Secondary	Medium
Develop and Implement prevention initiatives, screening, and treatment programs	Partner with The Michigan Coalition to endorse restricting gun access & availability to individuals with a mental health disorder.	10	Injury	Secondary	Large
Improve access to care	Promote the National Domestic Violence Hotline to increase awareness of services and programs in Michigan.	9	Injury		
Improve access to care	Promote the National Suicide Prevention Lifeline and support expanding the capacity of the program in Michigan.	5, 8, 10	Injury	Secondary	Large
Theme for Action	Recommendation	Prosperity Region(s)	Committee	Level of Prevention	Level of Impact
Improve access to care	Ensure all Domestic Violence & IPV Survivors are linked to agencies which provide services such as advocacy, peer support, resources, and crisis intervention.	5, 9	Injury	Tertiary	Large
Improve access to care	Increase shelter capacity for women with SUD, co-occurring disorders & examine strategies for improving access to supportive recovery housing.	5	Injury	Tertiary	Large
Improve policies regarding prevention initiatives, screening, and treatment programs	According to ACOG trauma in pregnancy guidelines, promote emergency department collaborations with OBGYN to ensure minimal management for trauma in pregnancy.	6	Injury	Secondary	Medium
Improve policies regarding prevention initiatives, screening, and treatment programs	Have as a standard of practice/tip sheet for screening patients with mental health disorders and/or those with acute distress for gun violence, access to a firearm.	10	Injury		
Improve policies regarding prevention initiatives, screening, and treatment programs	Ensure all women are screened for IPV and identify creative solutions to conducting a screening when a partner is present.	9, 10	Injury	Tertiary	Large
Improve policies regarding prevention initiatives, screening, and treatment programs	It is recommended that gun control policy be developed or amended to restrict gun access to individuals with mental health issues and those with an intimate partner violence conviction or Personal Protective Order.	9, 10	Injury	Primary	Large
Improve policies regarding prevention initiatives, screening, and treatment programs	Assessment of risk for injury or death should be conducted every time the health care provider has contact with an identified perpetrator or victim of domestic violence – providers should screen patients at high risk of injury, self-harm and/or suicide.	9	Combined MMRC	Primary	Large
Improve trainings & education	Support ACOG Committee Opinion (498; August 2011): Obstetricians and Gynecologists should have the knowledge to screen for childhood sexual abuse, diagnose disorders that are a result of abuse, and provide support with interventions.	9	Combined MMRC	Tertiary	Large
Improve trainings & education	Educate families on the dynamics of intimate partner violence.	10	Combined MMRC	Tertiary	Small

^{*} Italicized Recommendations may align with more than one "Theme" therefore, they may be listed more than once.

^{**} Level of Prevention and Level of Impact taken from CDC's MMRIA Data collection tool + Prosperity Region added in 2019

^{***}Level of Prevention and Impact not indicated by Health Equity Workgroup